

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Shorr Johnson Magnus			Date of Public Distribution/Dissemination 06 / 21 / 2016		
Mailing Address 100 N 20th St Ste 201			Amount 24000.00		
City Philadelphia		State PA	Zip Code 19103-1454		Transaction ID : VN7GBA1EJD5
Purpose of Expenditure Media Production Costs - Estimate		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Rob Portman			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH		
Calendar Year-To-Date Per Election for Office Sought 4444100.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination 06 / 21 / 2016		
Mailing Address 3050 K St NW Ste 100			Amount 301145.00		
City Washington		State DC	Zip Code 20007-5108		Transaction ID : VN7GBA1EJB9
Purpose of Expenditure Media Buy		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Ted Strickland			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH		
Calendar Year-To-Date Per Election for Office Sought 4444100.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			325145.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Rebecca Lambe</i>			Date 06 / 23 / 2016 [Electronically Filed]		

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 21 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 115776.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA1EJC7
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	115776.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	440921.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY
06 / 23 / 2016

Signature